



# Middle School Traveling Hoop League

## Separate Girls & Boys teams, Grades 7 & 8



90 Locust St., Northampton, MA  
413-587-1040  
www.northamptonma.gov/recreation

### Registration Fee: \$110

Participants must attend school  
at JFK Middle School or live in  
Northampton.

Checks payable to:  
City of Northampton  
VISA/Mastercard & Discover  
accepted

Northampton Public Schools do not endorse,  
supervise, or participate in the organization  
distributing this literature.

This is a recreational traveling hoop league. The philosophy of the league is to teach fair play, good sportsmanship and improve skills of each individual. Teams will play approximately 12 games including home & away games against teams in the area. In the past other towns have been Granby, Belchertown, Ludlow, Monson, South Hadley and Easthampton. Practice is once a week in addition to the game schedule.

Team practices will be held weeknights in December and games begin in January. No standings are kept and there is no playoff round. All participants play in every game, and each player receives reversible mesh team shirt. **We will need volunteer coaches for this program.** The Recreation Department will provide training and coaches are certified by Recreation Staff through the National Youth Sports Coaches Association. There will be a maximum of two boys teams and two girls teams, so register today!

**Registration Deadline**  
**Nov. 15**

#### Middle School Traveling Hoop League

Child's Name—first & last	Gender M/F	Date of Birth	Age	Grade	School
PARENT/GUARDIAN	Parent 1/Guardian		Parent 2/Guardian (complete if any field is different)		
First & Last Name					
Street Address					
City or Town					
Zip Code					
Home Phone #					
Mobile Phone #					
Work Phone #					
Email Address					
Emergency Phone #					

- Did your child play in the league last year? No \_\_\_\_ Yes \_\_\_\_ Height: \_\_\_\_\_
- **Amount Enclosed:** \$ \_\_\_\_\_ \$110 Checks payable to: City of Northampton.
- **Charge my:** Visa \_\_\_\_ Master Card \_\_\_\_ Discover \_\_\_\_ Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\* **COACHES:** We need coaches/assistant coaches! TRAINING PROVIDED! Clinics are scheduled for the middle of November. If you would like to be part of this program, please sign below.

Name of person wishing to coach: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (cell/work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Received \_\_\_\_\_ Staff \_\_\_\_\_ Amount: \_\_\_\_\_ Ck \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MC \_\_\_\_\_ Date entered RT: \_\_\_\_\_ Staff \_\_\_\_\_